24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	
	C C00490375
Check if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Latino Print Network	05 23 2016
Mailing Address 3445 Catalina Dr	Amount
City State Zip Code	42500.00
Carlsbad CA 92010	Transaction ID : D734963 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Category/ Type	05 / 13 / 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Bernie Sanders Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
Full Name of Payee Campaign Workshop	Date of Public Distribution/Dissemination
Mailing Address 1129 20th Street Suite 200	05 23 2016
Mailing Address 1129 20th Street, Suite 200	Amount
City State Zip Code	30337.17
Washington DC 20036	Transaction ID : D735236 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	05 18 / Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Bernie Sanders	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
(a) CURTOTAL of Harrison Indonesia of Europe districts	
(a) SUBTOTAL of Itemized Independent Expenditures	72837.17
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date	05 23 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ochedale E)							FOR SE OF	FORM 24/48
NAME OF COMMI		nt Drotoction				FEC II	DENTIFICATI	ON NUMBER ▼
เงลแบบสม INUใ	ses United for Patie	TIL FIOLECTION				С	C00490375	
Check if X 24-ho	our report 48-hour repo	ort New repo	ort Am	nends repo	ort filed on	n M = M	/ D D /	Y = Y = Y = Y
Full Name of F	ot Network					Date of Publi	ic Distribution	/Dissemination
	nt Network					05	23	2016
Mailing Addres	S 3445 Catalina Dr				Α	Amount		
City	City State Zip Code							42500.00
Carlsbad	CA 92010				Transaction ID: D735233 Date of Disbursement or Obligation			
Purpose of Exp Advertising	penditure		Category/ Type			M M M 05	19	2016
Name of Feder	ral Candidate		<u> </u>	Support	Office S	ought:	House	District:00
Bernie Sanders	s 			Oppose		resident	Senate	State: CA
	Year-To-Date		268438.11	\neg	Disburse	ement For:	X Primary	/ General
	on for Office Sought	7 7	_00+00.11			Other (sp	pecify) ►	
Full Name of F Latino Prin					[M = M	/ D D /	/Dissemination
Mailing Addres	S 3445 Catalina Dr					05 Amount	23	2016
City		State	Zip Code					50100.00
Carlsbad		CA	92010				D : D735234 oursement or	Obligation
Purpose of Exp Advertising	penditure		Category/ Type			05 N	19	2016
Name of Feder	ral Candidate		X	Support	Office S	Sought:	House	District: 00
Bernie Sanders	s 			Oppose		_	Senate	State: CA
	Year-To-Date on for Office Sought		268438.11		Disburse 2016	ement For: Other (s	Primary	y General
(a) SUBTOTAL	of Itemized Independent Exp	penditures			. •			92600.00
(b) SUBTOTAL	of Unitemized Independent E	Expenditures			·· • [- 4
(c) TOTAL Inde	pendent Expenditures				·· • [
with, or at the re	of perjury I certify that the incequest or suggestion of, any any political party committee	candidate or authorized						
Ма	urtha Kuhl	[Electron	ically Filed]	Date	e 05	/ 23	/ Y Y 20	16
Signature								

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	EXI END	TOTILO		PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient Pro	toction			FEC IDENTIFICATION NUMBER ▼
National Nuises Officed for Fatient Fro	ilection			C C00490375
Check if 24-hour report 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Autumn Press			IV	05 23 2016
Mailing Address 945 Camelia St			Amou	nt
City	State	Zip Code		894.99
Berkeley	CA	94710-1437		action ID : D735478 of Disbursement or Obligation
Purpose of Expenditure Printing		Category/ Type	N	05 23 / 2016
Name of Federal Candidate		Support	Office Sough	t: House District:00
Bernie Sanders		Oppose	X Preside	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	, , ,	268438.11	Disbursemen 2016 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Campaign Workshop				05 23 2016
Mailing Address 1129 20th Street, Suite 200			Amou	nt
City	State	Zip Code		100173.55
Washington	DC	20036		oction ID: D735479 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		05 / 23 / 2016
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00
Bernie Sanders		Oppose	X Preside	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	268438.11	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	S			101068.54
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Martha Kuhl	[Electron	ically Filed] Date	05	23 / 2016
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼		
National Nurses Office for Fatient Frotection	C C00490375		
Check if Z 24-hour report 48-hour report New report Amends report to	filed on Man / Dad / Yayayay		
Full Name of Payee Campaign Workshop	Date of Public Distribution/Dissemination		
	05 23 2016		
Mailing Address 1129 20th Street, Suite 200	Amount		
City State Zip Code	137.65		
Washington DC 20036	Transaction ID : D735480 Date of Disbursement or Obligation		
Purpose of Expenditure Printing Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support C	Office Sought: House District: 00		
Bernie Sanders Oppose	President Senate State: CA		
	Disbursement For: X Primary General Other (specify) ►		
Full Name of Payee	Date of Public Distribution/Dissemination		
Michael Konopacki	05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO Box 1917	Amount		
City State Zip Code	600.00		
Madison WI 53701-1917	Transaction ID : D735481 Date of Disbursement or Obligation		
Purpose of Expenditure Cartoon Category/ Type	05 23 2016		
Name of Federal Candidate Support C	Office Sought: House District: 00		
Bernie Sanders Oppose	President Senate State: CA		
	Disbursement For: Primary General 2016 Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	737.65		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.			
Martha Kuhl [Electronically Filed] Date	05 23 2016		
Signature			

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXI END	THORIES		PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) National Nurses United for Patient P	Protection			FEC IDENTIFICATION NUMBER ▼
National Nuises Officed for Fatient F	Totection			C C00490375
Check if 24-hour report 48-hour report	New re	port Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee National Nurses United				of Public Distribution/Dissemination
Mailing Address 155 Grand Avenue			Amou	05 18 2016 nt
City	State	Zip Code		384.75
Oakland	CA	94612		action ID : D735482 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	N.	05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sough	t: House District: 00
Bernie Sanders		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought		268438.11	Disbursemen 2016 O	t For:
Full Name of Payee National Nurses United				of Public Distribution/Dissemination 05
Mailing Address 155 Grand Avenue			Amou	
City	State	Zip Code	— I.	810.00
Oakland	CA	94612		oction ID: D735483 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		05 / 23 / 2016
Name of Federal Candidate		X Support	Office Sough	t: House District:00
Bernie Sanders		Oppose	X Preside	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	268438.11	Disbursemer 2016	ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		, [1194.75
(b) SUBTOTAL of Unitemized Independent Expen	ditures			7 7 7 7
				7 7 7
(c) TOTAL Independent Expenditures			· •	268438.11
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	idate or authorize			
Martha Kuhl Signature	[Electro	nically Filed] Date	9 05	23 2016
Signature				